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CONFIRMATION NO. 5187

<b>SERIAL NUMBER</b> 10/526,377	<b>FILING OR 371(c) DATE</b> 03/03/2005 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1615	<b>ATTORNEY DOCKET NO.</b> Q86591	
<b>APPLICANTS</b> Naomichi Furudate, Itabashi-ku, JAPAN; Mitsuru Shimoyama, Ibaraki-ku, JAPAN;					
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/JP03/11211 09/02/2003 <i>yes JS 9/5/07</i>					
<b>** FOREIGN APPLICATIONS *****</b> JAPAN 2002-258019 09/03/2002 <i>yes JS 9/5/07</i>					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> JAPAN	<b>SHEETS DRAWING</b>	<b>TOTAL CLAIMS</b> 7	<b>INDEPENDENT CLAIMS</b> 6
<b>ADDRESS</b> 23373					
<b>TITLE</b> Hypogastric and/or perineal pain-relieving agent					
<b>FILING FEE RECEIVED</b> 1500	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		